



DEPARTMENT OF STATE
EXECUTIVE SECRETARIAT

ACTION SLIP

use

(Classification/Downgrader)

UNCLASSIFIED

DATE:

11/26

S/S CONTROL NUMBER

8535032

ACTION ASSIGNED TO:

PA/CN

DUE IN
S/S BY:

12/3

ACTION REQUESTED

BD/SADIXED
CND

STATE TO MEMO 85
 STATE TRANSMITTAL FORM NOV 26
 TO NSC OVP P532

DIRECT REPLY ON BEHALF OF with Draft reply for signature
 FOR SIGNATURE BY by

REPLY FOR SIGNATURE with Comment or Recommendation
 BY travel authorization

RECOMMENDATION FOR provide info. copy under cover
 with Memorandum for the President of State-NSC transmittal form

APPROPRIATE HANDLING provide comeback copy
for

UNDER COVER OF AN ACTION MEMO

FOR YOUR INFORMATION

ATTACH THIS ACTION SLIP AND ORIGINAL CORRESPONDENCE TO ANY SUBMISSION TO S/S
 REMARKS/SPECIAL INSTRUCTIONS:

CLEAR WITH:

DEPARTMENT OF STATE

IS/FPC/CDR H4

Date: 10/14/93

CONGRESSIONAL
PRESIDENTIAL

RELEASE DECLASSIFY
 EXCISE DECLASSIFY
 DENY IN PART
 DELETE Non-Responsive Info

MR Cases Only:
EO Citations

IF NO SIGNED ORIG.
IS NECESSARY, PREPARE
CROSS-HATCH CABLE.

COPIES TO:

<input type="checkbox"/> S	<input type="checkbox"/> S/AL	<input type="checkbox"/> CIP	<input type="checkbox"/> RP	85
<input type="checkbox"/> D	<input type="checkbox"/> S/CL	<input type="checkbox"/> A	<input type="checkbox"/> AF	NOV
<input type="checkbox"/> P	<input type="checkbox"/> S/CPR	<input type="checkbox"/> CA	<input type="checkbox"/> ARA	26
<input type="checkbox"/> E	<input type="checkbox"/> S/IG	<input type="checkbox"/> FB	<input type="checkbox"/> EAP	P
<input type="checkbox"/> T	<input type="checkbox"/> S/IL	<input checked="" type="checkbox"/> H-2	<input checked="" type="checkbox"/> EUR	6
<input type="checkbox"/> M	<input type="checkbox"/> S/LPD	<input checked="" type="checkbox"/> HA	<input type="checkbox"/> NEA	3
<input type="checkbox"/> C	<input type="checkbox"/> S/NP	<input type="checkbox"/> INM	<input type="checkbox"/> UNA	:
<input type="checkbox"/> S/S	<input type="checkbox"/> S/P	<input type="checkbox"/> INR	<input type="checkbox"/> AID	3
<input type="checkbox"/> S/S-O	<input type="checkbox"/> S/R	<input type="checkbox"/> IO	<input type="checkbox"/> USIA	:
<input checked="" type="checkbox"/> S/S-EX	<input type="checkbox"/> S/SE	<input type="checkbox"/> L	<input type="checkbox"/> ACDA	:
<input checked="" type="checkbox"/> S/S-S DIR	<input type="checkbox"/> M/COMP	<input type="checkbox"/> OES	<input type="checkbox"/> ACDA	:
<input type="checkbox"/> TEAM A	<input type="checkbox"/> M/CTP	<input type="checkbox"/> PA	<input type="checkbox"/> ACDA	:
<input checked="" type="checkbox"/> TEAM B	<input type="checkbox"/> M/DGP	<input type="checkbox"/> NS	<input type="checkbox"/> ACDA	:
<input checked="" type="checkbox"/> TEAM C	<input type="checkbox"/> M/EEO	<input type="checkbox"/> PM	<input type="checkbox"/> ACDA	:
<input type="checkbox"/> IA	<input type="checkbox"/> M/WHL	<input type="checkbox"/> ACDA	<input type="checkbox"/> ACDA	:
<input type="checkbox"/> S/S-C	<input type="checkbox"/> M/MO	<input type="checkbox"/> ACDA	<input type="checkbox"/> ACDA	:
<input type="checkbox"/> MGT. ANAL.	<input type="checkbox"/> S/ARN	<input type="checkbox"/> ACDA	<input type="checkbox"/> ACDA	:
<input checked="" type="checkbox"/> S/S-I (RF)	<input type="checkbox"/> S/ART	<input type="checkbox"/> ACDA	<input type="checkbox"/> ACDA	:
	<input type="checkbox"/> S/DEL	<input type="checkbox"/> ACDA	<input type="checkbox"/> ACDA	:

FROM:
S/S-S
TEAM: A

B

C

632-0318 632-8338

632-8062 632-1295

S/S-C